Introduction

Pleural effusion occurs in a great variety of abnormalities. Even exhaustive diagnostic tests fail to reveal the etiology in about 20% of the cases. Classification of effusion as exudates and transudates is still useful as it indicates the physio-pathologic mechanisms involved in cases of effusion. (1)

Light's criteria are the standard for differentiation through which exudates are defined as fulfilling one or more of the following: (1) Pleural fluid / serum protein more than 0.5, (2) Pleural fluid / serum LDH more than 0.6, (3) Pleural fluid LDH concentration greater than 200 IU/dl. (2)

Caution is necessary when mixed causes are suspected and in cases of congestive heart failure treated with diuretics. (3)

The primary problem with Light's criteria is that, it misidentifies 20% of transudates as exudates which is more frequent in patients with heart failure who have been on diuretics. (4)

In trying to improve specificity, a number of alternative criteria has been proposed including pleural fluid cholesterol,

bilirubin, serum-pleural albumin gradient and pleural to serum albumin ratio. (5)

It is not clear why serum-effusion albumin gradient is more reliable than pleural to serum albumin ratio. It may be more mathematically representative of protein effusion to pleural space than serum pleural albumin ratio. (3)